

tional Procedures Advisory Committee (IPAC), it consults with speciality associations and, in otolaryngology has published guidance on topics as diverse as pillar implants for snoring, or cyanoacrylate occlusion of parotid sinuses.

Evaluation leads to a recommendation, varying from blanket approval, 'special arrangements' for consent, audit and clinical governance, or 'research only', where evidence is lacking. As the authors have briefly mentioned, practice outside of a 'research only' recommendation can lead to suspension from the GMC Register (their ref 14).

Some surgical speciality associations have established rapid routes of communication with members, to allow reporting and national survey of innovative practice. Hopefully ENT-UK can provide such a forum in due course. Balloon dilatation of the Eustachian tube or of subglottic stenosis and laser Eustachian tuboplasty are potential topics for future guidance. What else is out there in ENT?

NICE guidance is invaluable in seeking local approval for introduction of a new technique, but also in bargaining with the de-commissioners of health care, so much a feature in the current UK financial climate.

### Conflict of interest

I have worked with the second author of this paper for over two decades and, despite that, we remain close friends. I am member of the NICE IPAC and have been specially charged with promoting referrals of new interventional procedures, from our speciality and would welcome informal contact.

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The authors were not invited to respond to this letter.

## 'A time bomb ticking in my head': drawings of inner ears by patients with vestibular schwannoma

15 January 2011

Sir,

A vestibular schwannoma may be a benign tumor for medical experts, but many patients perceive a tumor growing in their head with great fear and uncertainty. We recently published how patients' perceptions of their disorder impact on their quality of life.<sup>1</sup>

Modern medical care aims at improving quality of life and involves understanding how patients perceive their illness and its treatment. Usually these perceptions are assessed by interviews or standardized and validated questionnaires. Here, we report initial results of an innovative way to quickly and reliably assess patients' perceptions of vestibular schwannoma.

Patients with vestibular schwannoma were selected from our outpatient department.<sup>1</sup> Patients filled out questionnaires that assessed quality of life (SF-36) and illness perceptions (IPQ-R). They also received two empty pages with instructions to draw their vestibular schwannoma as they perceived it to be before and after medical treatment, similar to work with cardiac patients.<sup>2</sup> The drawings were analyzed using IMAGEJ,<sup>3</sup> producing a

measure of the size of the tumor and size of the drawing itself.

The 13 patients (seven males) who completed all questionnaires and drawings had a mean age of 56.4 ( $\pm 15.7$ ) years, the diagnosis of vestibular schwannoma had been made on average 1 year ago, four had received surgery, in the others a wait-and-scan policy was followed.

Before medical management all of the patients drew a tumor, but the extent to which they drew surrounding tissues varied. Ten of the patients drew both external and internal parts of the ear, while three drew only the tumor with no surrounding tissue (Fig. 1, 'before'). The drawings differed substantially in how the tumor was portrayed – some drew it as a line and others as a round shape. Drawing size after medical treatment was significantly smaller compared to before treatment (Fig. 1, 'after').

This pilot study demonstrates that vestibular schwannoma patients are willing and able to draw their tumors. This offers clinicians a straightforward method to assess the subjective reality of vestibular schwannoma patients which, given the somewhat abstract and unseen nature of

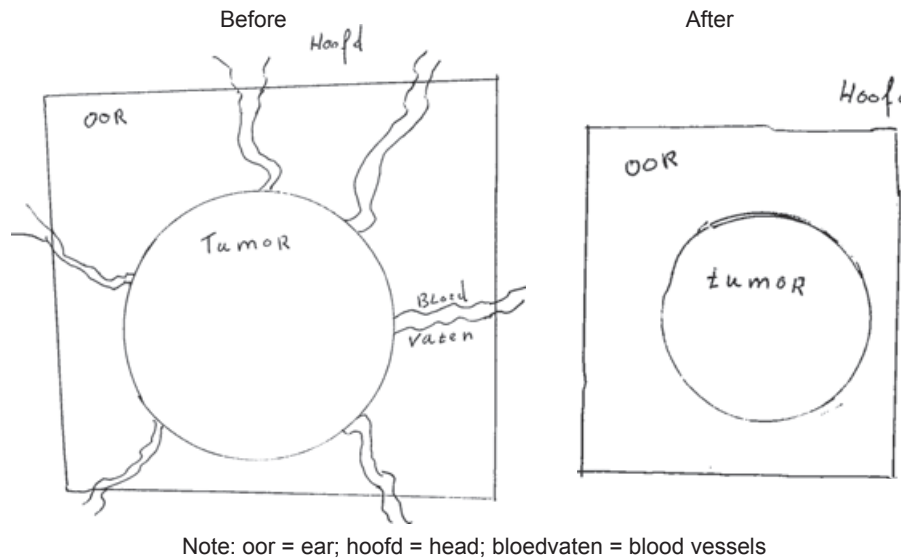


Fig. 1. Drawings by vestibular schwannoma patient 'C' before and after intervention.

the inner ear, might otherwise be difficult for patients to convey. Longitudinal designs would allow drawings to be used as an outcome measure of patients' perceptions in trials comparing different types of treatment.<sup>4,5</sup> Drawings also offer the ability to assess the accuracy of patients' perceptions of the size of the tumor compared to objective measures, and the opportunity to correct misperceptions and potentially reduce illness-associated fear.

#### Conflict of interest

None to declare.

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## Moffett's solution – is it safe? The UK experience

18 January 2011

Sir,  
Moffett's Solution is a mixture of cocaine, adrenaline and sodium bicarbonate used for nasal surgical preparation. It is, however, unlicensed and its safety profile continues to be questioned.

In 2006, BBC News (<http://news.bbc.co.uk/1/hi/wales/5184954.stm>) reported adverse incidents in three patients undergoing nasal operations on the same operating list in Wales, said to be directly related to the use of Moffett's Solution.